

January 14, 2019

By US mail  
US Marshall Service Middle District of Pennsylvania  
235 N Washington Ave.  
Scranton, PA 18503

**FILED  
SCRANTON**

**JAN 16 2019**

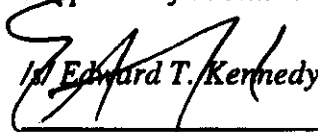
PER  **DEPUTY CLERK**

Dear Sir or Madam:

1. Notice: US Courts may close on Friday January 18, 2019 based on the [uscourts.gov](http://uscourts.gov) website.<sup>1</sup> However, ECF access remains open.
2. Service of Process Re: Case no. 3-18-cv-00767 KENNEDY v DUTCAVICH et al., Enclosed please find 5 copies each for each defendants of Form USM 285, or 45 copies, all signed. The nine Defendants are as follows: DAVID JOHN DUTCAVICH, THE UNITED STATES OF AMERICA, UNITED STATES POSTAL SERVICE, COMMONWEALTH OF PENNSYLVANIA, JOSHUA D. SHAPIRO, THOMAS G. SAYLOR, THOMAS B. DARR, PENNSYLVANIA STATE POLICE, AND MARIA CASEY.

The court has agreed to waive fees. Please contact me if you have any questions. My contact information is below.


Respectfully submitted,

 **Edward T. Kennedy** (Seal)

Edward T. Kennedy  
401 Tillage Road  
Breinigsville, Pennsylvania 18031  
Email: [pillar.of.peace.2012@gmail.com](mailto:pillar.of.peace.2012@gmail.com)  
Email: [kennedy2018@alumni.nd.edu](mailto:kennedy2018@alumni.nd.edu)  
Telephone: 415-275-1244.  
Fax: 570-609-1810.

NOTICE :

1- All are Defendants.

2- Please correct the Docket. 

<sup>1</sup> <https://www.uscourts.gov/news/2019/01/07/judiciary-operating-limited-funds-during-shutdown>

1.14.2019

January 14, 2019

By US mail

Peter J Welsh, Acting Clerk of Court  
US District Court Middle District of Pennsylvania  
235 N Washington Ave.  
Scranton, PA 18503

Dear Acting Clerk of Court Welsh,

The court has agreed to waive fees. Enclosed please find 5 copies each for each defendant of Form USM 285 or 20 copies, all signed for the following defendants:

BOROUGH OF FRACKVILLE PENNSYLVANIA,  
PHILIP CARL PETRUS, in his official capacity only,  
GERALYN GRIFFIN, in her official capacity only,  
and SUPREME COURT OF PENNSYLVANIA.

Please contact me if you have any questions. My contact information is below.

Respectfully submitted,

Edward T. Kennedy  
401 Tillage Road  
Breinigsville, Pennsylvania 18031  
Email: pillar.of.peace.2012@gmail.com  
Email: kennedy2018@alumni.nd.edu  
Telephone: 415-275-1244.  
Fax: 570-609-1810.

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Thomas G. Saylor —CHIEF JUSTICE - SUPREME COURT OF PA  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 200 N THIRD ST 16TH FL HARRISBURG Pennsylvania 17101

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Telephone: (717) 772-1599

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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401 TILLAGE ROAD  
BREINIGSVILLE, PA 18031

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Form USM-285  
Rev. 12/15/80  
Automated 01/00

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United States Marshals Service

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 Thomas B Darr ADMINISTRATIVE OFFICE OF PA Courts  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 601 Commonwealth Avenue Harrisburg PA 17106

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Pennsylvania Judicial Center  
601 Commonwealth Avenue Harrisburg 17120  
Mail: PO Box 61260, Harrisburg 17106-1260  
Phone - 727 231 3326

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
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Date \_\_\_\_\_ Time \_\_\_\_\_  
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Form USM-285  
Rev. 12/15/80  
Automated 01/00



U.S. Department of Justice  
United States Marshals Service

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## PLAINTIFF

/s/ Edward Thomas Kennedy

## COURT CASE NUMBER

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## DEFENDANT

JOHN DAVID DUTCAVICH, et al,

## TYPE OF PROCESS

ServiceProcess /Complaint/summons\*

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Pennsylvania State Police, Office of Chief Counsel

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1800 Elmerton Avenue Harrisburg PA 17110

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY  
401 TILLAGE ROAD  
BREINIGSVILLE, PA 18031Number of process to be  
served with this Form 285

3 \*

Number of parties to be  
served in this case

9

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Office of Chief Counsel  
3rd Floor, Department Headquarters  
1800 Elmerton Avenue  
Harrisburg, Pennsylvania 17110Signature of Attorney other Originator requesting service on behalf of:  
/s/ Edward Thomas Kennedy☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

415 275 1244

DATE

January 14 2019

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Pennsylvania State Police, Office of Chief Counsel  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 1800 Elmerton Avenue Harrisburg PA 17110

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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Office of Chief Counsel  
3rd Floor, Department Headquarters  
1800 Elmerton Avenue  
Harrisburg, Pennsylvania 17110

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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U.S. Department of Justice  
United States Marshals Service

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See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

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3rd Floor, Department Headquarters  
1800 Elmerton Avenue  
Harrisburg, Pennsylvania 17110

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PRINT 5 COPIES

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Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID OUTCAVICH, et al.	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Pennsylvania State Police, Office of Chief Counsel  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1800 Elmerton Avenue Harrisburg PA 17110

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  <div style="border: 1px solid black; padding: 5px; width: fit-content;">         EDWARD THOMAS KENNEDY          401 TILLAGE ROAD          BREINIGSVILLE, PA 18031       </div>	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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Office of Chief Counsel  
3rd Floor, Department Headquarters  
1800 Elmerton Avenue  
Harrisburg, Pennsylvania 17110

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Pennsylvania State Police, Office of Chief Counsel  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 1800 Elmerton Avenue Harrisburg PA 17110

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
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Office of Chief Counsel  
3rd Floor, Department Headquarters  
1800 Elmerton Avenue  
Harrisburg, Pennsylvania 17110

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

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Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy</td> </tr> </table>	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy					

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

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PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>	COURT CASE NUMBER <b>3:18-cv-00767 -RDM-SES</b>
DEFENDANT <b>JOHN DAVID DUTCAVICH, et al,</b>	TYPE OF PROCESS <b>ServiceProcess /Complaint/summons*</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Maria Casey, Clerk of Court Pennsylvania Attorney ID: 57851**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**Schuylkill County Court House , 401 N. Second Street Pottsville, PA 17901**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  <b>EDWARD THOMAS KENNEDY</b> <b>401 TILLAGE ROAD</b> <b>BREINIGSVILLE, PA 18031</b>	Number of process to be served with this Form 285	<b>3 *</b>
	Number of parties to be served in this case	<b>9</b>
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
 Schuylkill County Court House 401 N. Second Street Pottsville, PA 17901  
 Phone: 570-622-5570 Fax: 570-628-1210 Telephone: (570) 628-1140 Fax: (570) 628-1169  
<https://www.padisiplinaryboard.org/for-the-public/find-attorney/attorney-detail/57851>

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>415 275 1244</b>	DATE <b>January 14 2019</b>
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	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

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PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>	COURT CASE NUMBER <b>3:18-cv-00767 -RDM-SES</b>
DEFENDANT <b>JOHN DAVID DUTCAVICH, et al,</b>	TYPE OF PROCESS <b>ServiceProcess /Complaint/summons*</b>

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**Maria Casey, Clerk of Court Pennsylvania Attorney ID: 57851**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**Schuylkill County Court House , 401 N. Second Street Pottsville, PA 17901**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  <b>EDWARD THOMAS KENNEDY</b> <b>401 TILLAGE ROAD</b> <b>BREINIGSVILLE, PA 18031</b>	Number of process to be served with this Form 285	<b>3 *</b>
	Number of parties to be served in this case	<b>9</b>
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
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 Phone: 570-622-5570 Fax: 570-628-1210 Telephone: (570) 628-1140 Fax: (570) 628-1169  
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Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>415 275 1244</b>	DATE <b>January 14 2019</b>
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PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
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PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>	COURT CASE NUMBER <b>3:18-cv-00767 -RDM-SES</b>
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Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>415 275 1244</b>	DATE <b>January 14 2019</b>
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Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
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PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>	COURT CASE NUMBER <b>3:18-cv-00767 -RDM-SES</b>
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PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
 Schuylkill County Court House 401 N. Second Street Pottsville, PA 17901  
 Phone: 570-622-5570 Fax: 570-628-1210 Telephone: (570) 628-1140 Fax: (570) 628-1169  
<https://www.padiscliplinaryboard.org/for-the-public/find-attorney/attorney-detail/57851>

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>415 275 1244</b>	DATE <b>January 14 2019</b>
--	---	---	--------------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------	---	----------------	---------------	------------------	---

REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Maria Casey, Clerk of Court Pennsylvania Attorney ID: 57851  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Schuylkill County Court House , 401 N. Second Street Pottsville, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
 Schuylkill County Court House 401 N. Second Street Pottsville, PA 17901  
 Phone: 570-622-5570 Fax: 570-628-1210 Telephone: (570) 628-1140 Fax: (570) 628-1169  
<https://www.padisiplinaryboard.org/for-the-public/find-attorney/attorney-detail/57851>

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (If not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINTS COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

ELR Kenney  
401 Tillage Rd.

Brewnisville PA

RECEIVED  
SCRANTON

JAN 16 2019

PER  DEPUTY CLERK

Per Letter

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USPS TRACKING #



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Label 400 Jan 2013  
7800-10-000-7000



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

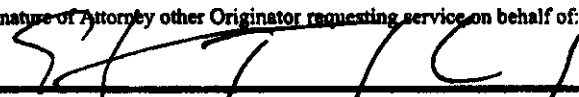
PLAINTIFF EDWARD THOMAS KENNEDY		COURT CASE NUMBER 3:18-cv-00767 -RDM-SES	
DEFENDANT JOHN DAVID DUTCAVICH, et al,		TYPE OF PROCESS ServiceProcess /Complaint/summons*	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	JOHN DAVID DUTCAVICH, Prothonotary		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Schuylkill County Court House , 401 N. Second Street Pottsville, PA 17901		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of parties to be served in this case	9
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
Schuylkill County Court House  
401 N. Second Street Pottsville, PA 17901  
Phone: 570-622-5570 Fax: 570-628-1210

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
JOHN DAVID DUTCAVICH, Prothonotary  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Schuylkill County Court House , 401 N. Second Street Pottsville, PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
Schuylkill County Court House  
401 N. Second Street Pottsville, PA 17901  
Phone: 570-622-5570 Fax: 570-628-1210

Signature of Attorney Other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (If not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"


PLAINTIFF EDWARD THOMAS KENNEDY		COURT CASE NUMBER 3:18-cv-00767 -RDM-SES	
DEFENDANT JOHN DAVID DUTCAVICH, et al,		TYPE OF PROCESS ServiceProcess /Complaint/summons*	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	JOHN DAVID DUTCAVICH, Prothonotary		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Schuylkill County Court House , 401 N. Second Street Pottsville, PA 17901		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of parties to be served in this case	9
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
Schuylkill County Court House  
401 N. Second Street Pottsville, PA 17901  
Phone: 570-622-5570 Fax: 570-628-1210

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**JOHN DAVID DUTCAVICH, Prothonotary**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**Schuylkill County Court House , 401 N. Second Street Pottsville, PA 17901**


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
Schuylkill County Court House  
401 N. Second Street Pottsville, PA 17901  
Phone: 570-622-5570 Fax: 570-628-1210

Signature of Attorney Other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____
	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**JOHN DAVID DUTCAVICH, Prothonotary**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**Schuylkill County Court House , 401 N. Second Street Pottsville, PA 17901**

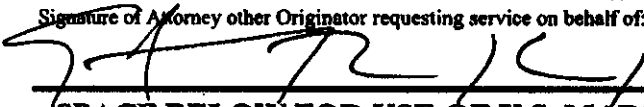
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at  
 Schuylkill County Court House  
 401 N. Second Street Pottsville, PA 17901  
 Phone: 570-622-5570 Fax: 570-628-1210

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
---	---	----------------------------------	-------------------------

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		No. _____	No. _____		

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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

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2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>		COURT CASE NUMBER <b>3:18-cv-00767 -RDM-SES</b>	
DEFENDANT <b>JOHN DAVID DUTCAVICH, et al,</b>		TYPE OF PROCESS <b>ServiceProcess /Complaint/summons*</b>	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>United States of America</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>David J. Freed, US Attorney, 235 N Washington Ave # 311, Scranton, PA 18503</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<b>3 *</b>
<div style="border: 1px solid black; padding: 5px;"> <b>EDWARD THOMAS KENNEDY</b>  <b>401 TILLAGE ROAD</b>  <b>BREINIGSVILLE, PA 18031</b> </div>		Number of parties to be served in this case	<b>9</b>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at

235 N Washington Ave # 311, Scranton, PA 18503

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

**415 275 1244**

DATE

**January 14 2019**

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

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Name and title of individual served (If not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>		COURT CASE NUMBER 3:18-cv-00767 -RDM-SES	
DEFENDANT <b>JOHN DAVID DUTCAVICH, et al,</b>		TYPE OF PROCESS Service Process / Complaint/summons*	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN United States of America		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) David J. Freed, US Attorney, 235 N Washington Ave # 311, Scranton, PA 18503		
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<div style="border: 1px solid black; padding: 5px;"> <b>EDWARD THOMAS KENNEDY</b>  <b>401 TILLAGE ROAD</b>  <b>BREINIGSVILLE, PA 18031</b> </div>		Number of process to be served with this Form 285	3 *
		Number of parties to be served in this case	9
		Check for service on U.S.A.	


SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at

235 N Washington Ave # 311, Scranton, PA 18503

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>		COURT CASE NUMBER 3:18-cv-00767 -RDM-SES	
DEFENDANT JOHN DAVID DUTCAVICH, et al,		TYPE OF PROCESS ServiceProcess /Complaint/summons*	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	United States of America		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) David J. Freed, US Attorney, 235 N Washington Ave # 311, Scranton, PA 18503		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of parties to be served in this case	9
		Check for service on U.S.A.	

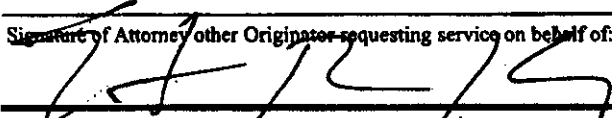
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at

235 N Washington Ave # 311, Scranton, PA 18503

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy</td> </tr> </table>	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy					

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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Form USM-285  
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U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>		COURT CASE NUMBER <b>3:18-cv-00767 -RDM-SES</b>	
DEFENDANT <b>JOHN DAVID DUTCAVICH, et al,</b>		TYPE OF PROCESS <b>ServiceProcess /Complaint/summons*</b>	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	United States of America		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) David J. Freed, US Attorney, 235 N Washington Ave # 311, Scranton, PA 18503		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of parties to be served in this case	9
		Check for service on U.S.A.	


SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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235 N Washington Ave # 311, Scranton, PA 18503

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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Date	Time				
	<input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy					

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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3. NOTICE OF SERVICE
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>EDWARD THOMAS KENNEDY</b>		COURT CASE NUMBER <b>3:18-cv-00767 -RDM-SES</b>	
DEFENDANT <b>JOHN DAVID DUTCAVICH, et al.</b>		TYPE OF PROCESS <b>Service Process / Complaint/summons*</b>	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	United States of America		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>David J. Freed, US Attorney, 235 N Washington Ave # 311, Scranton, PA 18503</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3 *
<div style="border: 1px solid black; padding: 5px;"> <b>EDWARD THOMAS KENNEDY</b>  <b>401 TILLAGE ROAD</b>  <b>BREINIGSVILLE, PA 18031</b> </div>		Number of parties to be served in this case	9
		Check for service on U.S.A.	

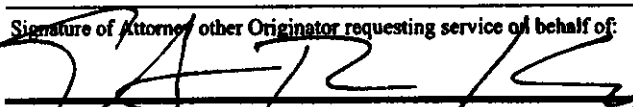
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PLAINTIFF'S SECOND AMENDED COMPLAINT and Exhibit 1 Law of the Case at

235 N Washington Ave # 311, Scranton, PA 18503

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>415 275 1244</b>	DATE <b>January 14 2019</b>
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	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm			
Signature of U.S. Marshal or Deputy _____					

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
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PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**United States Postal Service, attn: Thomas J. Marshall, General Counsel**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**475 L'Enfant Plaza SW Ste 604, Washington, DC 20024 : Telephone: (202) 268-5555**


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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fax for Mr. Marshall at Fax: (202) 268-6981

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
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PLAINTIFF /s/ Edward Thomas Kennedy		COURT CASE NUMBER 3:18-cv-00767 -RDM-SES	
DEFENDANT JOHN DAVID DUTCAVICH, et al,		TYPE OF PROCESS Service Process / Complaint/summons*	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN United States Postal Service, attn: Thomas J. Marshall, General Counsel		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 475 L'Enfant Plaza SW Ste 604, Washington, DC 20024 : Telephone: (202) 268-5555		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of parties to be served in this case	9
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fax for Mr. Marshall at Fax: (202) 268-6981

Signature of Attorney/other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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Signature of U.S. Marshal or Deputy _____	

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PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
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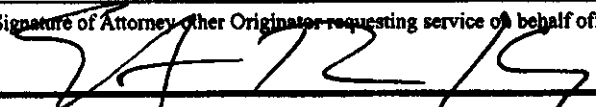
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fax for Mr. Marshall at Fax: (202) 268-6981

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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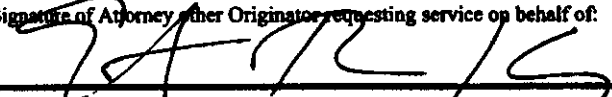
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SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN United States Postal Service, attn:Thomas J. Marshall, General Counsel ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 475 L'Enfant Plaza SW Ste 604, Washington, DC 20024 : Telephone: (202) 268-5555		
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			Number of parties to be served in this case 9
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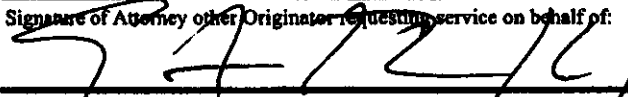
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Fold

Fold

fax for Mr. Marshall at Fax: (202) 268-6981

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____
	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Commonwealth of Pennsylvania, attn Robert Torres, Acting Secretary of State  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Commonwealth of Pennsylvania 302 North Office Building Harrisburg, PA 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

fax number is 717-787-1734  
Robert Torres, Acting Secretary of State  
Commonwealth of Pennsylvania Office of the Secretary  
302 North Office Building Harrisburg, PA 17120

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (If not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES

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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy		COURT CASE NUMBER 3:18-cv-00767 -RDM-SES	
DEFENDANT JOHN DAVID DUTCAVICH, et al,		TYPE OF PROCESS ServiceProcess /Complaint/summons*	
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Commonwealth of Pennsylvania, attn Robert Torres, Acting Secretary of State		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Commonwealth of Pennsylvania 302 North Office Building Harrisburg, PA 17120		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of parties to be served in this case	9
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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fax number is 717-787-1734  
Robert Torres, Acting Secretary of State  
Commonwealth of Pennsylvania Office of the Secretary  
302 North Office Building Harrisburg, PA 17120

Signature of Attorney other Originator requesting service on behalf of:  
/s/ Edward Thomas Kennedy

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
415 275 1244

DATE  
January 14 2019

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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5. ACKNOWLEDGMENT OF RECEIPT

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Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Commonwealth of Pennsylvania, attn Robert Torres, Acting Secretary of State  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Commonwealth of Pennsylvania 302 North Office Building Harrisburg, PA 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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Fold

fax number is 717-787-1734  
Robert Torres, Acting Secretary of State  
Commonwealth of Pennsylvania Office of the Secretary  
302 North Office Building Harrisburg, PA 17120

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

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Address (complete only different than shown above)	Date
	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Commonwealth of Pennsylvania, attn Robert Torres, Acting Secretary of State  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Commonwealth of Pennsylvania 302 North Office Building Harrisburg, PA 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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Fold

fax number is 717-787-1734  
Robert Torres, Acting Secretary of State  
Commonwealth of Pennsylvania Office of the Secretary  
302 North Office Building Harrisburg, PA 17120

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
--	---	----------------------------------	-------------------------

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Commonwealth of Pennsylvania, attn Robert Torres, Acting Secretary of State  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Commonwealth of Pennsylvania 302 North Office Building Harrisburg, PA 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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fax number is 717-787-1734  
Robert Torres, Acting Secretary of State  
Commonwealth of Pennsylvania Office of the Secretary  
302 North Office Building Harrisburg, PA 17120

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Joshua D. Shapiro PA OFFICE OF ATTORNEY GENERAL  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
STRAWBERRY SQ FL 16 HARRISBURG Pennsylvania 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY  
401 TILLAGE ROAD  
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 \*

Number of parties to be served in this case 9

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

STRAWBERRY SQ FL 16  
HARRISBURG Pennsylvania 17120  
Telephone: (717) 705-3833

Signature of Attorney other Originator requesting service on behalf of:  
/s/ Edward Thomas Kennedy

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
415 275 1244

DATE  
January 14 2019

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Joshua D. Shapiro PA OFFICE OF ATTORNEY GENERAL  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
STRAWBERRY SQ FL 16 HARRISBURG Pennsylvania 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY  
401 TILLAGE ROAD  
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 \*

Number of parties to be served in this case 9

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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Fold

STRAWBERRY SQ FL 16  
HARRISBURG Pennsylvania 17120  
Telephone: (717) 705-3833

Signature of Attorney other Originator requesting service on behalf of:  
/s/ Edward Thomas Kennedy

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
415 275 1244

DATE  
January 14 2019

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Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
*See "Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Joshua D. Shapiro PA OFFICE OF ATTORNEY GENERAL  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
STRAWBERRY SQ FL 16 HARRISBURG Pennsylvania 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY  
401 TILLAGE ROAD  
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 \*

Number of parties to be served in this case 9

Check for service on U.S.A.

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STRAWBERRY SQ FL 16  
HARRISBURG Pennsylvania 17120  
Telephone: (717) 705-3833

Signature of Attorney other Originator requesting service on behalf of:  
/s/ Edward Thomas Kennedy

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
415 275 1244

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Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy		COURT CASE NUMBER 3:18-cv-00767 -RDM-SES	
DEFENDANT JOHN DAVID DUTCAVICH, et al,		TYPE OF PROCESS ServiceProcess /Complaint/summons*	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Joshua D. Shapiro PA OFFICE OF ATTORNEY GENERAL		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) STRAWBERRY SQ FL 16 HARRISBURG Pennsylvania 17120		
	SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of process to be served with this Form 285	3 *
		Number of parties to be served in this case	9
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

STRAWBERRY SQ FL 16  
HARRISBURG Pennsylvania 17120  
Telephone: (717) 705-3833

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Joshua D. Shapiro PA OFFICE OF ATTORNEY GENERAL  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 STRAWBERRY SQ FL 16 HARRISBURG Pennsylvania 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY  
401 TILLAGE ROAD  
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285 3 \*

Number of parties to be served in this case 9

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

STRAWBERRY SQ FL 16  
HARRISBURG Pennsylvania 17120  
Telephone: (717) 705-3833

Signature of Attorney other Originator requesting service on behalf of:  
/s/ Edward Thomas Kennedy

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER  
415 275 1244

DATE  
January 14 2019

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____	No. _____		

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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Form USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF /s/ Edward Thomas Kennedy		COURT CASE NUMBER 3:18-cv-00767 -RDM-SES	
DEFENDANT JOHN DAVID DUTCAVICH, et al,		TYPE OF PROCESS ServiceProcess /Complaint/summons*	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Thomas G. Saylor —CHIEF JUSTICE - SUPREME COURT OF PA		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 200 N THIRD ST 16TH FL HARRISBURG Pennsylvania 17101		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3 *
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of parties to be served in this case	9
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Telephone: (717) 772-1599

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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U.S. Department of Justice  
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PLAINTIFF /s/ Edward Thomas Kennedy	COURT CASE NUMBER 3:18-cv-00767 -RDM-SES
DEFENDANT JOHN DAVID DUTCAVICH, et al,	TYPE OF PROCESS ServiceProcess /Complaint/summons*

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Thomas G. Saylor —CHIEF JUSTICE - SUPREME COURT OF PA  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
200 N THIRD ST 16TH FL HARRISBURG Pennsylvania 17101

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	3 *
	Number of parties to be served in this case	9
	Check for service on U.S.A.	

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Fold

Telephone: (717) 772-1599

Signature of Attorney other Originator requesting service on behalf of: /s/ Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE January 14 2019
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